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22581 7690 08/03/2006

MEDTRONIC, INC.  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY INVENTOR NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|-----------------------|------------------|
| 10/693,375      | 10/24/2003  | Yong K. Cho          | P11461.00             | 1669             |

TITLE OF INVENTION: IMPLANTABLE MEDICAL DEVICE AND METHOD FOR DELIVERING THERAPY FOR SLEEP-DISORDERED BREATHING

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEES DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|----------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700         | 10/24/2006 |

| EXAMINER                | ART UNIT | CLASS/SUBCLASS |
|-------------------------|----------|----------------|
| MALAMUD, DEBORAH LESLIE | 3766     | 607-017960     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

- (1) the name of up to 3 registered patent attorneys or agents OR, alternatively,
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*Sirma Wolfe-Michael*  
*Daniel G. Chapik*

3. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

4. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

3

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation in set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**MEDTRONIC, INC.**

**Minneapolis, MN**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first resupply any previously paid issue fee shown above)

Issue Fee  
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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2846 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date *9/15/06*

Typed or printed name *Daniel G. Chapik*

Registration No. *43,474*

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file and by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Yang K. Cho et al.

Examiner: D. Malamud

Serial No.: 10/693,375

Group Art Unit: 3766

Filed: October 24, 2003

Docket: P11461.00

Conf. No. 1669

Title: **IMPLANTABLE MEDICAL DEVICE AND METHOD FOR DELIVERING  
THERAPY FOR SLEEP-DISORDERED BREATHING**

**FEE ADDRESSEE FOR RECEIPT OF PTO NOTICES  
RELATING TO MAINTENANCE FEES**

Mail Stop M Correspondence  
Director of the US Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This letter is to specify that the FEE ADDRESSEE for this patent is as follows:

Master Data Center  
300 Franklin Center  
29100 Northwestern  
Southfield, Michigan 48034-1095  
U.S.A.  
Payor Number: 000124

Any prior FEE ADDRESSEE for the above-identified U.S. patent is hereby revoked.

The above-identified U.S. patent was assigned to Medtronic, Inc., a Minnesota corporation, 7000 Central Avenue N.E., Minneapolis, Minnesota 55432. The Assignment was filed with the United States Patent and Trademark Office on May 3, 2004, REEL/FRAME 014591/0376. It is certified that the person whose signature appears below has the authority to change the FEE ADDRESSEE for this patent.

Respectfully submitted,

September 25, 2006

Date

/Daniel G. Chapik/

Daniel G. Chapik

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Customer No. 27681